PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09756858

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			20				ſ	RATE	FEE		RATE	FEE
FOR NUMBER FIL				FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS min				us 20=	• _		ſ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS # minus 3 =					1		l	X40=		OR	X80=	80.x
MULTIPLE DEPENDENT CLAIM PRESENT							ľ	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r °0° in c	olumn 2	L	TOTAL		OR	TOTAL	770.0 4
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	THAN
_		(Column 1) CLAIMS		(Colui		(Column 3)	ſ	SMALL !	ADDI-		JINALL	ADDI-/
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	• 19,	Minus	•• J	り	= /	Ţ	X\$ 9=		OR	X\$18=	
	Independent	• 4	Minus	*** (4	= /		X40=		OR	X80 -	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	'ENDEN	- CLAIM		Ţ	+135=		OR	+270=	
							L	TOTAL ADDIT, FEE		O₽.	TOTAL	
	(Column 1) (Column 2) (Column 3								-	J ~	ADDIT. FEE	
		(Column 1) CLAIMS		HIG	TEST		Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	(BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	T 04 4014	= .	İ	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUW PREVI	HEST (BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=	 	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT			ŀ				 	
•	If the entry in exha	mn 1 is less then t	he entry in colu	mn 2. writ	e "O" in co	tumn 3.	L	+135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
	The "Highest Nur	ber Previously Pa	id For (Total o	r Independ	ient) is the	highest number	r fou	ind in the ap	propriate bo	x in co	lumn 1.	